

## Dental Insurance Benefit Summary

Dental Insurance Plan 530-2021 STANDARD OPTION	YOU PAY		
	IN-NETWORK	OUT-OF-NETWORK	
<b>Class I: Diagnostic/Preventive Services</b> • Oral Examinations • Cleanings • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays	0%	10% MAC*	
<b>Class II: Basic Services</b> • Oral Surgery • Extractions • Restorations (composite white and silver fillings) • Anesthesia (in conjunction with oral surgery)	20%	40% MAC*	
<b>Class III: Major Services</b> • Crowns • Bridges • Dentures • Inlays • Other Prosthetic Services • Endodontic Services • Periodontal Services • Implants	50%	60% MAC*	
<b>Covered Expenses</b> *Percentage of coverage is based on pre-negotiated fees.	<b>Maximum Allowable Charge (MAC)</b>		
<b>Maximum Benefit</b> per contract year for all Class I, II and III expenses.	<b>\$1,500 per person</b>		
<b>Deductible</b> applicable to Class II and III covered expenses. <i>Deductible is based on contract year with a maximum of three (3) deductibles per family (\$150)</i>	<b>\$50 per person</b>		
<b>2024 Monthly Premium</b>			
<b>Employee</b> \$26.18	<b>Employee plus Spouse</b> \$56.44	<b>Employee plus Child(ren)</b> \$54.59	<b>Employee plus Family</b> \$82.90

Rates effective 01/01/22

The above provides only a brief description of your dental insurance plan. Please refer to the policy for complete details including limitations and exclusions. For more information, please contact BenefitSource toll free at 888-862-8659.

Visit our website at [BenefitSource.org](https://www.benefitsource.org) for a current list of PPO providers in your area.



**Marketed by BenefitSource, Inc.**  
 1804 Juan Tabo NE, Suite A, Albuquerque, NM 87112  
 Telephone 505-237-1501 or 888-862-8659  
 505-237-8344 Fax

These benefits are provided by Policy Form No. 530-2021 NM.